

## Public Health Week 2015: Healthy where you are

### Minneapolis Health Department Goals

Which Minneapolis Health Department goal(s) does your Hero work towards? *(Check all that apply)*

- ☐ **A Healthy Start to Life and Learning**
  - Thriving babies
  - School-ready children
  
- ☐ **Thriving Youth and Young Adults**
  - Prevent teen pregnancy
  - Reduce sexually transmitted infections/HIV rates through targeted services to youth and young adults most at risk
  - Reduce violence among youth
  - Invest in activities that promote: mental and physical health; social, emotional and life skill learning; and, positive development for all youth
  
- ☐ **Healthy Weight and Smoke-Free Living**
  - Affordable and accessible opportunities for healthy eating, physical activity and smoke-free living for all ages and abilities
  - Communities expect healthier environments
  
- ☐ **A Healthy Place to Live**
  - Healthy indoor environment for everyone
  
- ☐ **Safe places to eat, swim, and stay**
  - Minimize the risk of disease and injury from food, lodging and swimming establishments
  
- ☐ **A Healthy Environment**
  - Clean, healthy natural environment (air, soil, water) free of environmental hazards and pollution
  - Environmental nuisances (noise, odor) are minimized
  
- ☐ **A Strong Urban Public Health Infrastructure**
  - City and community prepared for emergencies – now and into the future
  - Health care safety net for everyone who needs it
  - Diverse, engaged, and skilled staff
  - State-of-the art implementation of programs and procedures to improve population and environmental health
  - Research and policy-related activities that improve population and environmental health

Please email to Mageen Caines, [mageen.caines@minneapolismn.gov](mailto:mageen.caines@minneapolismn.gov) by 4 p.m., Friday, March 6, 2015.

## *Public Health Week 2015: Healthy where you are*

**Today's Date:** [Click here to enter a date.](#)

**Your name and contact information (optional):** [Click here to enter text.](#)

Individual Nomination: ☐ OR Organization Nomination ☐

**Name(s) of Nominee(s):** [Click here to enter text.](#)

**Nominee's Organization:** [Click here to enter text.](#)

**Nominee's contact information (if possible):**

**Mailing address:**

**Email:**

**Phone number:**

**How does your Hero's work fit with the Minneapolis Health Department goals?** Introduce us to the work that your Hero does. Please be specific and detailed about this work. Connect the Hero's work to the Minneapolis Health Department goals. **(One paragraph)**

**How does your Hero's work make Minneapolis a better place?** We would like to know who your Hero serves. Tell us how your Hero makes our city a great place to live, work, and play. **(One paragraph)**